



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E397764**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-00325
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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DATE OF COLLISION	02	-	03	-	2015	TIME (2400)	0720	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>		
SR 204	BLOCK NO.		MILE POST	

DISTANCE		MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	MARKET PLACE
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	HOLIMAN TORFIN	FIRST NAME	KARI	MIDDLE INITIAL	L
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STREET NEW ADDRESS	5631 HIGHWAY PL APT 1
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CITY	EVERETT	ST	WA	ZIP	982033770
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GDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	HOLIMKL403DM	STATE	WA	SEX	F	D.O.B. MMDDYYYY	03	-	14	-	1960
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AMK3595	STATE	WA	VIN#	KNADM4A36D6230938
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2013	MAKE	KIA	MODEL	RIO4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN FAMILY 230907350180FPPAWA
VEHICLE LEGALLY IS Airing YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	GREEN	FIRST NAME	PATRICK	MIDDLE INITIAL	R
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STREET NEW ADDRESS	4709 VESPER DR APT 4
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CITY	EVERETT	ST	WA	ZIP	982032835
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GDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	GREENPR301N2	STATE	WA	SEX	M	D.O.B. MMDDYYYY	08	-	22	-	1970
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AQH0184	STATE	WA	VIN#	1Y1SK536XPZ068162
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1993	MAKE	GEO	MODEL	GEOPRIZ	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	OMNI 5798115
VEHICLE LEGALLY IS Airing YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E397764**

CASE # **15-00325**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NARRATIVE

Vehicle 2 stopped at a red traffic signal on SR204 at Market Place facing N/E. Vehicle collided with the rear of vehicle 1. The driver of vehicle 2 stated that her foot slipped off the brake pedal. There were no injuries.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**R. RUTHERFORD**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**02-03-15 03:18 PM**

DATED

PLACE SIGNED

APPROVED BY

**SGT. C. VALVICK 71**

DATE

**2/4/2015 8:48:25 AM**

BADGE OR ID #

**130**

ORI #

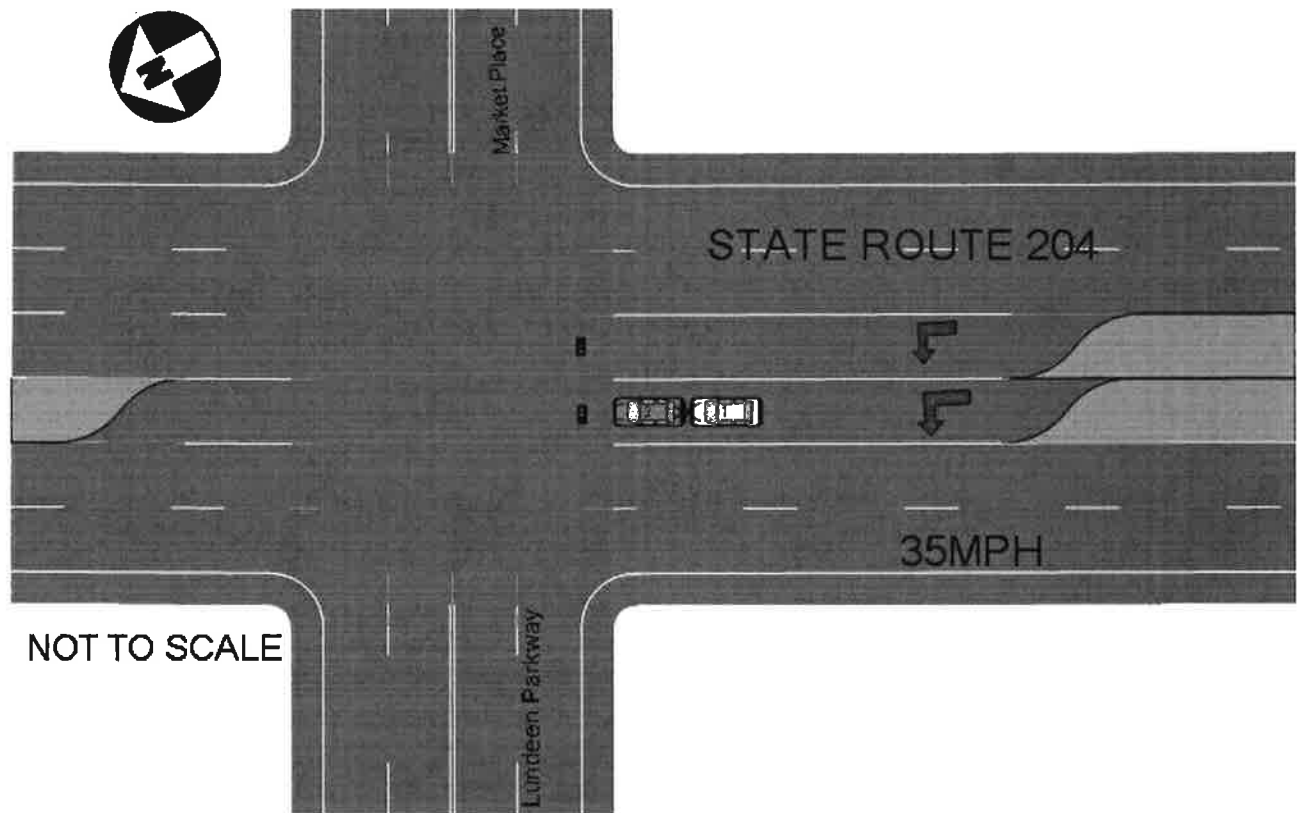
**WA0311900**

TIME POLICE DISPATCHED

**7:25 AM**

TIME POLICE ARRIVED

**7:29 AM**









LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Fatherford #130</i>		Case Number <i>15-00325</i>	
Type of Crime: <u>Felony + Misdemeanor (Circle)</u>		Type of Case: <i>Collision</i>		Date/Time: <i>020315</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification			

Case #

Item #  Action #	1	Item <i>CD</i> Brand Name <i>Compulsory</i> Brand/Model/Caliber (Further Description) <i>Collision HCS</i>	Storage Location	Disposition
	3	Serial # Where Found Weight of Narcotic		
	Owner's Name Address City State Zip Phone # Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions				
Item #  Action #		Item Brand Name Brand/Model/Caliber (Further Description)	Storage Location	Disposition
		Serial # Where Found Weight of Narcotic		
	Owner's Name Address City State Zip Phone # Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions				
Item #  Action #		Item Brand Name Brand/Model/Caliber (Further Description)	Storage Location	Disposition
		Serial # Where Found Weight of Narcotic		
	Owner's Name Address City State Zip Phone # Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions				
Item #  Action #		Item Brand Name Brand/Model/Caliber (Further Description)	Storage Location	Disposition
		Serial # Where Found Weight of Narcotic		
	Owner's Name Address City State Zip Phone # Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions				
Item #  Action #		Item Brand Name Brand/Model/Caliber (Further Description)	Storage Location	Disposition
		Serial # Where Found Weight of Narcotic		
	Owner's Name Address City State Zip Phone # Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions				

Evidence Control Use Only:
 

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

/0752	CLEAR	19D3
/0752	CLOSE	19D3